

**REQUEST FOR ACCOMMODATIONS BY PERSONS WITH
DISABILITIES and ORDER**

☐ **FORM TO BE KEPT CONFIDENTIAL (If box checked)**

Applicant requests accommodation under Local Rule 0.4(b)

Applicant Information

Applicant is: ☐ Witness ☐ Juror ☐ Attorney ☐ Party ☐ Other

Name: _____ **court:** _____

Telephone: _____

Address: _____ **Judge:** _____

Case So. _____

1. Type of proceeding. ☐ Criminal ☐ Civil
2. Proceedings to be covered (e.g., bail hearing, preliminary hearing, particular witnesses at trial, sentencing hearing): _____
3. Dates accommodations needed (specify): _____
4. Impairment necessitating accommodations (specify): _____
5. Type of accommodations (be specific): _____
6. Special requests or anticipated problems (specify): _____
7. I request that my identity ☐ be kept **confidential** ☐ not be kept **confidential**

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date: _____

(Type or print name)

(Signature of Applicant)

ORDER

- ☐ The request for accommodations is GRANTED because:
- ☐ he applicant satisfies the requirements of the rule.
 - ☐ it does not create an undue burden on the court.
 - ☐ it does not fundamentally alter the nature of the service; program or activity

- ☐ The request for accommodations is DENIED because:
- ☐ the applicant does not satisfy the requirements of the rule.
 - ☐ it creates an undue burden on the court.
 - ☐ it fundamentally alters the nature of the service, program or activity.

(Specify). _____

DATE: _____

JUDGE: _____